U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT EKING to replies and

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil panalties as provided by 29 U.S.C 439 or 440.

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For Office Disconty and the contract of the co		
READ THE INSTRUCTIONS CAREFUL	LY SEFORE PREPARING THIS REPORT.	
E		
1. File Number, U - 8226	2. Fiscal Year Covered From:	
The second secon	1 1 04 Through: 12 31 64	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name John A Finder	Name Bricklayers Local #1 of Mo.	
	Labor Organization File Number 620-915	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 301 Valparaisa Ct	Street 2000 Market St.	
City Valley Park	City ST. Lauis works.	
State	3 State: 10 Mo 103 1002 ZIP Code + 4 [63103]	
5. Position in labor organization. Business Rep - President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of the past fiscal year.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	ion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	No Activity	
1.0. box, blog, room to, 1.1.	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
. Signature ;		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any secompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed John Finder	On 8/9/05 (-36-861-2437) Date Telephone Number	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Welfore Funch Bricklayers #IMO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2000 Market ST. City ST. Louis State Mo. ZIP Code + 4 63103	9. Eusiness deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Welfare Fund Brickleyers #1 Ma. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2000 Market St. City ST. Louis State Mo. ZIP Code + 4 (3103)	11.a. Nature of such dealing. 12-17-04 Annual Dec. Lunchoen Meeting 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Commerce Bank	14.a. Nature of payment. 4-28-04 Annual Client Cardinal Ball Game \$ 108.50	
P.O. Box, Bldg., Room No., if any Street 8000 Forsyth City Clayfor	11-24-04 Charity Boxing Benefit Backstoppe \$ 93.56	
State Mo. ZIP Code + 4 (310.5	14.b. Amount of payment.	
13.b. Is the Business an Employer V or Consultant ?		

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4	1	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	8-25-04 Gulf Luncheen \$84.38	
Name ING Investment Management		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 10 State House Square SH 13	,	
cay Nartford		
State C+. ZIP Code + 4 06/03-3607		
13.b. Is the Business an Employer 🗸 or Consultant 7	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name G- II P	8-13-05 Gulf Luncheen \$72.85	
Trade Name, if any: Group Health Plan		
P.O. Box, Bldg., Room No., if any		
Street III Corporate Office Prive Suite 400	2	
cay Earth City		
State Mo ZIP Code + 4 [63045]		
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor.organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City State ZIP Code + 4	,	
	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	4	
Street		
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 10-8-04 Gulf Luncheen \$59.00	
Name Missouri Velley Partners	10-8-04 GUIT LONCHUEN \$39,00	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO Box. 1690		
Street 135 North Meramec Suite 500	ı	
city ST. Louis		
State M.O. ZIP Code + 4 63105 - 37		
13.b. Is the Business an Employer 2 or Consultant ?	14.b. Amount of payment.	